EPA Identification Number - Information Update Form

DECEIVED
U.S. EPA Region V RCRA Activities JAN 1 6 2001 Date: 1-08-01
P.O. Box A-3587 Chicago, Illinois 60690 PROGRAM MANAGEMENT BRANCH Waste, Pesticides & Toxics Division
Regarding EPA identification number: M N D - 0 0 6 - 15 13 3 6
$If \ possible, \ please \ include \ a \ copy \ of \ your \ original \ EPA \ identification \ number \ application form$
Company Name Interplastic Corporation Commercial Resins
Mailing Address 2015 NE Broadway St
Mpls, MN 55413
Please note the following changes relative to the above referenced EPA identification number:
X Change of business name to: Interplastic Corporation Thermoset Resins Division
Change of mailing address to:
Change of contact name to:
Change of telephone number to:
Change of ownership to:
Change of generator size to:
Additional Hazardous waste codes:
Deleted hazardous waste codes: CRA RECURBS ROOM
Deactivate the identification number for this location for the following reason:
company moved out of business no longer a generator one-time disposal
other (specify) If Note: No reference to "division" is needed.
Signature Leterson (651) 481-6860 Telephone Number x 313



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER		•	M	ΝD	0	26	15	1 2	556):	ŕ	Œ,	4C	ΚŅ	OW	LE	GE	ME	N	Ī
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EPA Form 8700-12B (4-80)

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08/13/61

COMMERCIAL RESINS DIVISION MINNEAPOLIS, MINNESOTA 55413 2015 N.E. BROADWAY

August 12, 1980

EPA Region V RCRA Activities P.O. Box 7861 Chicago, Ill. 60680

RCRA Activities

This is notification for the Hazardous Waste Activities at Interplastic Corporation, 2015 N.E. Broadway, Minneapolis, MN 55413.

This form will be sent to you by certified mail, return receipt requested.

Thank you Marvin Weiss

Marvin Weiss Plant Manager

Commercial Resins Division

Enclosures

MW/jr



Please print or type	wit ITL (2 characters/inch) in the unshaded areas only.	GSA No. 0246-EPA-OT
SEPA	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted
INSTALLA- TION'S EPA	-	sel, affix it in the space at left. If any of the formation on the label is incorrect,raw a line
1.0. %0.	MMD006151336	rough it and supply the correct information the appropriate section below. If the label is
I. STALLATION	INTERPLASTIC CORPORATION	riplete and correct, leave Items I, II, and III low blank. If you did not receive a preprinted
INSTALLA- TION II. MAILING	2015 N E BROADWAY OOOO E AUC LOOK	pel, complete all items, "Installation" means and igle site where hazardous waste is generated
ADDRESS	MINNEAPOLIS, NM 854930 3 9 3 AUG 18 00	rated, stored and/or disposed of, or a trans inter's principal place of business. Please refe the INSTRUCTIONS FOR FILING NOTIFI
LOCATION	manus and see and proposition to the	ATION before completing this form. The formation requested herein is required by lace
IIL OF INSTAL-	2015 N E BROADWAY MINNEAPOLIS, MN 5 5413	sction 3010 of the Resource Conservation and scovery Acti.
TOP OFFICIAL		
FOR OFFICIAL	USE ONLY COMMENTS	
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INSTALLAT	ION'S EPA I.D. NUMBER APPROVED (yr., mo., & day)	25.3
FMNDOO	615133631 4 800813	
I. NAME OF IN:		
INTERF	LASTIC CORPORATION	67
II. INSTALLAT	ON MAILING ADDRESS STREET OR P.O. BOX	
3 2 0 1 5	N. E. BROADWAY STREET	
15 16		49 ZIP CODE
4 M T N N F	APOLIS 40 AF 42 27	5 4 7 3
III. LOCATION	OF INSTALLATION	
	STREET OR ROUTE NUMBER	
5 S A ME		ZIP CODE
6	CITY OR TOWN ST	ZIP CODE
15 16	FION CONTACT	
el III	NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2WEISS	3 MARVIN I PLIANTI MANAGER	6 7 2 3 3 7 6 8 5 0
V. OWNERSHII	A. NAME OF INSTALLATION'S LEGAL OWNER	
8 INTE	RPLASTIC CORPORATION	
9. TYPE OF (enter the approp	rownership doz) VI. TYPE OF HAZARDOUS WASTE ACTIVITY	
F = FEDERA M = NON-F	AL M 55	B. TRANSPORTATION (complete item VII) D. UNDERGROUND INJECTION
VII. MODE OF	TRANSPORTATION (transporters only - enter "X" in the appropria	te box(es))
	B. RAIL GT. HIGHWAY QD. WATER CE. OT	HER (specify):
a. AIR	GLIDGE OSIGNER MOREUTO A STUCKE	
VIII. FIRST OF	SUBSEQUENT NOTIFICATION	hazardous masta potinitu or a subsequent positienti
VIII. FIRST OF Mark "X" in the a	SUBSEQUENT NOTIFICATION ppropriete box to indicate whether this is your installation's first notification of first notification, enter your installation's EPA I.D. Number in the space provides	hazardous waste activity or a subsequent notification and below.
VIII. FIRST OF Mark "X" in the a If this is not your	ppropriate box to indicate whether this is your installation's first notification of	C. INSTALLATION'S EPA I.D. NO

EPA Form 8700-12 (6-80)

over Items

CONTINUE ON REVERSE

IX. DESCRIPTION OF NATARDOUS WASTES (continued from front) A NAZARDOUS WASTES RROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Peri 251.31 for each listed hezardous waste from non-appellic sources your installation headles. Use additional sheets if necessary. B. MAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Peri 261.32 for each listed hezardous waste from specific inclustral sources your installation headles. Use additional sheets if necessary. B. MAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Peri 261.32 for each listed hezardous waste from specific inclustral sources your installation headles. Use additional sheets if necessary. C. COMMERCIAL CHEMICAL PRODUCT MAZARDOUS WASTES. Enter the four-digit number from 40 CFR Peri 261.33 for each chemical substance your installation headles which may be a hazardous waste. Use additional sheets if necessary. C. COMMERCIAL CHEMICAL PRODUCT MAZARDOUS WASTES. Enter the four-digit number from 40 CFR Peri 261.33 for each chemical substance your installation headles which may be a hazardous waste. Use additional sheets if necessary. C. COMMERCIAL CHEMICAL PRODUCT MAZARDOUS WASTES. Enter the four-digit number from 40 CFR Peri 261.33 for each chemical substance your installation headles. Use additional sheets if necessary. C. COMMERCIAL CHEMICAL PRODUCT MAZARDOUS WASTES. Enter the four-digit number from 40 CFR Peri 261.33 for each chemical substance your installation headles. Use additional sheets if necessary. C. COMMERCIAL CHEMICAL PRODUCT MAZARDOUS WASTES. Enter the four-digit number from 40 CFR Peri 261.34 for each chemical substance which may be a hazardous waste. Use additional sheets if necessary. C. COMMERCIAL CHEMICAL PRODUCT MAZARDOUS WASTES. Enter the four-digit number from 40 CFR Peri 261.34 for each intend heardous waste from hospitals, wetrinary hospitals, made and an incomment in the substance of the four-digit number from 40 CFR Peri 261.34 for each intend heardous wast				The state of the s		1 1 2	13 14 115
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D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 64 E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.) [2] 1. IGNITABLE [2] 2. CORROSIVE [2] 3. REACTIVE [2] 4. TOXIC [2] 10002] X CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. SIGNATURE NAME & OFFICIAL TITLE (type or print) DATE SIGNED		43	44	45	46	47	48
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	attache I believ	d documents, and to be that the submitted	hat based on my inqu d information is true,	ury of those indivi accurate, and com	duals immediately uplete. I am aware	responsible for obtai	ning the information,
Marvin Weiss Plant Manager 6/23/80	SIGNATU	IRE ,		NAME & OFFIC	IAL TITLE (type or p	rint)	DATE SIGNED
	V)	Marin 1	1) 0, 10	Marvin	Weiss Plan	nt Manager	6/23/80

ERA Form 8200-12 (6-80) REVERSE

SEPA HAZARDOUS WASTE REPORT	I. TYPE OF HAZARDOUS NA. REPORT PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC.31.
ု ရှိုင် ရှိသို့များကို ရှင် ရှိ တိုင်များရှိနှိုင်တို့ သိသိများ သွေးသည်။ ကြို့သည် ကိုန်းကျောက်သောသည် သည်သည် သည်သည် သည် ကြို့သည်။	PART B: FACILITY ANNUAL REPORT
PLEASE PLACE LABEL IN THIS SPACE-	THIS REPORT FOR YEAR ENDING DEC. 31. 1980
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
NETROLETIONS	RECEIVED (day, mo., & yr.)
information on the label is incorrect, draw a line through it and supply the co	front of this pamphlet; affix it in the designated space above—left. If any of the forrect information in the appropriate section below. If the label is complete and preprinted label, complete all sections, "Installation", means a single site where
hazardous waste is generated, treated, stored, or disposed of. Please refer to the information requested herein is required by law (Section 3002/3004 of the	the specific instructions for generators or facilities before completing this form.
II. INSTALLATION'S EPA I.D. NUMBER	
FM N D0 0 6 15 1 3 36 1	
III. NAME OF INSTALLATION	
INTERPLASTIC CORPORATION	
IV. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	
3 20 1 5 NE BROADWAY STRH	
CITY OR TOWN	ST. ZIP CODE
4MIN NEAPOLIS	M N 5 5 41 3
V. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
SIAIM BALLALIA	
CITY OR TOWN	ST. ZIP CODE
6	4 (4 4) (7 5)
VI. INSTALLATION CONTACT NAME (lett and first)	PHONE NO. (area code & no.)
VII. TRANSPORTATION SERVICES USED (for Part A reports only)	3) 2
List the EPA Identification Numbers for those transporters whose services we	re used during the reporting year represented by this report.
WORUM CHEMICAL MND006213664	
ROGERS PETRO CHEMICAL MNB086113826	
	[[] [[[일시 : 12] [[일 : 12] [[일 : 12] [[일 : 12] [[] [[] [[] [[] [[] [[] [[] [[] [[] [
VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)	B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
A. COST ESTIMATE FOR FACILITY CLOSURE	MAINTENANCE (disposal facilities only)
	\$ 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
IX. CERTIFICATION	
	iliar with the information submitted in this and all attached documents, and that ining the information, I believe that the submitted information is true, accurate, also information, including the possibility of fine and imprisonment.
Marvin R. Weiss	un R Wein 2/13/81
A. PRINT OR TYPE NAME	B. SIGNATURE CO. C. DATE/SIGNED

EPA-Form 8700-13 (5-80)

PAGE 1 OF

GSA No. 12345-XX Form Approved OMB No. 158-R00XX

GENERATOR ANN	JAL REPORT - PARTA : 1	
FOR OFFICIAL DATE RECEIVED	1 9 x GENERATOR'S	S EPA I.D. NO.
(Ilems 1 and 2)	GM N D OO	6 1 51 3 36 1
XI, FACILITY'S EPA I.D. NO.	DDBESS (street or P.O. box, city, state,	& zip code)
2015.	L. E. BROADWAY	
	ÝPOKIS, MN 55413. –	
INTERPLASTIC CORPORATION XIV. WASTE IDENTIFICATION		
	C. EPA L DOT HAZARDOUS	D. AMDUNT 000
A DESCRIPTION OF WASTE	LASS (see instructions)	OF WASTE
	F 00 1	58 2 4 0 P
WASTE ACETONE	1 7 F 00 3	
2 WASTE RESIN	10.19.0	8 36 4 6 P
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8		
9		
10		
11 全国工作的特殊证据		
TO SENTE THE SECOND SECTION OF THE SECOND SE	30 • 21 54 • 37	
XV. COMMENTS (enter information by line number - see instructions)	21 23 31 - 41 42 - 43 44	
AV. COMMENTS (enter information by the manuse)		
EPA Form 8700-13A (5-80)		PAGE OF
BILLING CODE 6560-01-C	新学品的 ^企 业的	PAGEOF

FEB 25 1981

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PEGEST TOP ASSISTANCE

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS Non-handler Complete this section only if you did not generate regulated 1 quantities of hazardous waste at any time during the 1983 2 Small Quantity Generator calendar year. Circle the one code at right that best describes 4 Exempt your status during the entire year (see instructions for explanation of codes). 5 Beneficial Use 9 Closed Please print/type with elite type (12 characters per inch) This Installation's Non-Regulated Status is Expected to Apply: II. GENERATOR'S EPA I.D. NUMBER ☐ For 1983 Only Permanently Other MND006115113B C303 ENTRY (OFFICIAL USE ONLY): III. NAME OF INSTALLATION INTERPLASTIC CORPORATION IV. INSTALLATION MAILING ADDRESS NE BROADWAY Street or P.O. Box 4 MINNEAPOLIS Zip Code City or Town V. LOCATION OF INSTALLATION (if different than section IV above) Street or Route number 6 State Zip Code City or Town VI. INSTALLATION CONTACT ISIOIFIKIOI BIIILLI Name (last and first) 6 11 12 - 13 13 11 - 16 18

VII. CERTIFICATION

Phone No. (area code & no.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

WILLIAM L. SOFKO	DIRECTOR	OF MFG.	William K.	Loges	July 3	5 1983
Print/Type Name	Title	Signatur	e of Authorized Representati	ve U	Date Signed	,

Tear out here

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Pate rec'd: Rec'd by:

VIII, GENERATOR'S EPA I.D. NO.

T/A C

CMINIDIOIOE I SII 3 3 6 1

X. FACILITY'S EPA I.D. NO.

16 ND9808221853

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

AQUA-TECH, INC

XI. FACILITY ADDRESS
BUILDING B
3651 N. CLINTON ST.
FORT WAYNE, IN. 46809

XII. TRANSPORTATION SERVICES USED

OIL SERVICE CO. TND 089558019

AQUA - TECH, INC.

WND980822852

	ASTE IDENTIFICATION #		C. EPA Hazardous	E. Unit of Measure
Sequence #	A. Description of Waste	B. DOT Hazard code	Waste No. (see instructions) D. Amount of Waste	E. U Mea
29 32	WASTE RAHMABLE LIQUID, UCG 1 UN1993, FLAHMABLE LIQUID	∵ 33 34		P
	2			100 PM
	3	1		200 200 200 200 200 200 200 200 200 200
	4	<u> </u>		
	5			120
	6			
	7			
	8			
	9	l		
	10	ı		
	11			
	12			1 1 1

XIV. COMMENTS (enter information by section number—see instructions)

RONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M V D O O G I S I B B G 1

1 2 13 14 15

X. FACILITY'S EPA I.D. NO.

FW1|D|9|9|0|8|2|9|9|7|5|

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

WASTE RESEARCHERECLAMATION

XI. FACILITY ADDRESS

ROUTE 7

EAU CLAIRE, WISONSIN 59701

XII. TRANSPORTATION SERVICES USED

WASTE RESEARCH & RECLAHATION WID 990829975

XIII. WA!	STE IDENTIFICATION A. Description of Waste	B. DOT Hazard	ode	C. EPA I Was (see ins	Hazardous te No. tructions)	and a common	D. /	A mou	nt of	Wast	te	E. Unit of Measure
29 32 1	MASTE ACCTORIE SALITION	0 1		U0002	<u> </u>	3 51	6 ₁ :	5 <i>5</i>	S _L	<u></u>	I 59	G
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8							: 1		· I		ı	
9							1 1	1	1 1			
1								ŀ	l I			
1									I	1		
1	2											

XIV. COMMENTS (enter information by section number-see instructions)

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